

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		<i>11/09/99</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>11/01/99</i>
FORMALITY REVIEW	<i>SH</i>	<i>600245</i>	<i>12-1-99</i>

**INDEX OF CLAIMS**

..... Rejected	N ..... Non-elected
..... Allowed	I ..... Interference
(Through numeral) Canceled	A ..... Appeal
..... Restricted	O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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